Patent 265/130

DECLARATION Utility Application

As a below named inventor, I hereby declare that:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR PREPARING MEMBRANE VESICLES the specification of which (Check One) is attached hereto OR was filed on _____ as United States Application Serial No.__ PCT International Application No. _____ and was amended on _____ (if applicable).

My residence, post office address and citizenship are as stated below next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Cla	aimed No
Serial No. 99 00886	France	January 27, 1999	X	140

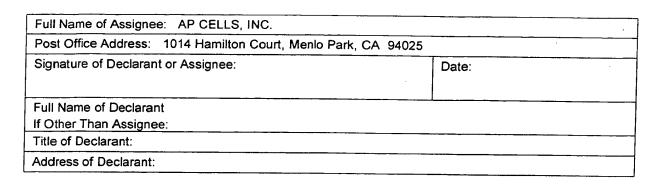
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

Send Correspondence to:	LYON & LYON LLP	Direct Telephone calls to:
Kurt T. Mulville	633 W Fifth St., Suite 4700	949/567-2300 X 1124
	Los Angeles, CA 90071	



Full Name of Assignee:	INSTITUT NATIONAL DE LA SANTE ET D	E LA RECHERCHE MEDICALE
Post Office Address: 10)1, rue de Tolbiac, 75654 Paris Cedex 13 FF	RANCE
Signature of Declarant of	Christine BERLING	Date:
Full Name of Declarant If Other Than Assignee:	Directrice Adjointe Département Valorisation	INSTITUT NATIONAL de la SANT
Title of Declarant:	et Transfert de Technologies	et de la RECHERCHE MEDICALI
Address of Declarant: (2)	our le Directeur Général et par délégation INSERM	101, rue de Tolbiac 75654 PARIS CEDEX 13

Full Name of Assignee: INSTITUT CURIE		
Post Office Address: 26, rue d'Ulm, 75248 Paris Cedex 05 FRAN	CE	
Signature of Declarant or Assignee:	Date:	
Full Name of Declarant If Other Than Assignee:		
Title of Declarant:		
Address of Declarant:		



×





Patent 265/130

Full Name of Assignee: AP CELLS, INC.	
Post Office Address: 1014 Hamilton Court, Menlo Park, CA 94025	
Signature of Declarant or Assignee:	Date:
Full Name of Declarant	
If Other Than Assignee: Title of Declarant:	
Address of Declarant:	

Full Name of Assignee: INSTITUT NATIONAL DE LA SANTE	ET DE LA RECHERCHE MEDICALE	
Post Office Address: 101, rue de Tolbiac, 75654 Paris Cedex	13 FRANCE	
gnature of Declarant or Assignee: Date:		
Full Name of Declarant		
If Other Than Assignee:		
Title of Declarant:		
Address of Declarant:		
If Other Than Assignee: Title of Declarant:		

Full Name of Assignee: INSTITUT CUI	RIE	
Post Office Address: 26, rue d'Ulm, 75	248 Paris Cedex 05 FRANC	E
Signature of Declarant or Assignee:	SETITUT CL	Date: - 5 JUIL 2001
Full Name of Declarant If Other Than Assignee:	* P. DEVLUERS +	
Title of Declarant:	6	
Address of Declarant:	Scretaire Garage	

OC-84099.1

	FULL NAME OF INVENTOR	FIRST Name Olivier	MIDDLE Initial	LAST Name Dhellin
201	RESIDENCE & CITIZENSHIP	City Paris	State or Foreign Country France	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	60, boulevard de Charonne	City 75020 Paris	State or Country FRANCE
	FULL NAME OF INVENTOR	FIRST Name Sebastian	MIDDLE Initial	LAST Name Amigorena
202	RESIDENCE & CITIZENSHIP	City Paris	State or Foreign Country France	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	124, boulevard A. Blanqui	City 75013 Paris	State or Country FRANCE
	FULL NAME OF INVENTOR	FIRST Name DUC	MIDDLE Initial	LAST Name Rameau
203	RESIDENCE & CITIZENSHIP	City Massy DRX	State or Foreign Country FRANCE	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	22, allée Albert Thomas	City 91300 Massy	State or Country FRANCE
	FULL NAME OF INVENTOR	FIRST Name Joël	MIDDLE Initial	LAST Name Crouzet
204	RESIDENCE & CITIZENSHIP	City Sceaux	State or Foreign Country FRANCE	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	12, rue Michel Voisin	City 92330 Sceaux	State or Country FRANCE Zip Code
	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name
205	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country Zip Code
	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor	201	Signature of Inventor	204
Date 29 Jun 2001		Date	
Signature of Inventor	202	Signature of Inventor	
Date		Date	
Signature of Inventor	203		
Date 19 50im 1001			

(Signatures should conform to names as presented at 201 et seq. above.)

1

	FULL NAME OF INVENTOR	FIRST Name Olivier	MIDDLE Initial	LAST Name Dhellin
201	RESIDENCE & CITIZENSHIP	City Paris	State or Foreign Country France	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	60, boulevard de Charonne	City 75020 Paris	State or Country FRANCE Zip Cod
	FULL NAME OF INVENTOR	FIRST Name Sebastian	MIDDLE Initial	LAST Name Amigorena
202	RESIDENCE & CITIZENSHIP	City Paris PRX	State or Foreign Country France	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	124, boulevard A. Blanqui	City 75013 Paris	State or Country FRANCE
	FULL NAME OF INVENTOR	FIRST Name Philippe	MIDDLE Initial	LAST Name Rameau
203	RESIDENCE & CITIZENSHIP	City Massy	State or Foreign Country FRANCE	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	22, allée Albert Thomas	City 91300 Massy	State or Country FRANCE
	FULL NAME OF INVENTOR	FIRST Name Joël	MIDDLE Initial	LAST Name Crouzet
204	RESIDENCE & CITIZENSHIP	City Sceaux	State or Foreign Country FRANCE	Country of Citizenship FRANCE
	POST OFFICE ADDRESS	12, rue Michel Voisin	City 92330 Sceaux	State or Country FRANCE
	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name
205	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country Zip Cod
	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor	201	Signature of Inventor	204
Date		Date	
Signature of Inventor	202	Signature of Inventor	
Date mu 18, 2007		Date	
Signature of Inventor	203		
Date			

(Signatures should conform to names as presented at 201 et seq. above.)

APCELLS US **2**003/003

Patent 265/130

Full Name of Assignee: AP CELLS, INC.
Post Office Address: 1014 Hamilton Court, Menlo Park, CA 94025
Signature of Declarant or Assignee:
V =
Full Name of Declarant
If Other Than Assignee: HENE'S MURA
Title of Declarant:
Address of Declarant: 1014 Hamilton Ct, Monte Park, CA 94025
TOTAL TRUE TOTAL CA TIVOL
Full Name of Assignee: INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE
Post Office Address: 101, rue de Tolbiac, 75654 Paris Cedex 13 FRANCE
Signature of Declarant or Assignee: Date:
Full Name of Declarant
If Other Than Assignee:
Title of Declarant:
Address of Declarant:
Full Name of Assignee: INSTITUT CURIE
Post Office Address: 26, rue d'Ulm, 75248 Paris Cedex 05 FRANCE
Signature of Declarant or Assignee: Date:
Full Name of Declarant
If Other Than Assignee:
Title of Declarant:
Address of Declarant